

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James C. Tiernan et al.
Title: SYSTEM AND METHOD FOR
SCALABLE MULTIFUNCTIONAL
NETWORK COMMUNICATION
Appl. No.: 10/578,739
Filing Date: May 10, 2006
Examiner: Clifton, Jessica L.
Art Unit: 4144
Confirmation No.: 3387

REPLY AND AMENDMENT TRANSMITTAL

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

☒ A Reply and Amendment in the above-identified application (43 pages).

The filing fee is calculated below:

	Claims as Filed		Included in Filing Application		Extra Claims		Rate		Fee Totals
Total Claims:	73	-	75	=	2	x	\$52.00	=	\$104.00
Independents:	4	-	4	=	0	x	\$220.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$390.00	=	\$0.00
SUBTOTAL:								=	\$104.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above)							=	\$52.00
TOTAL FILING FEE:								=	\$52.00

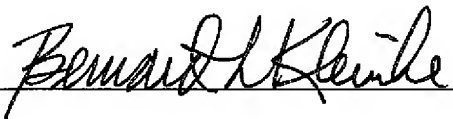
Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established.

The Commissioner is hereby authorized to charge any additional fees which may be required either now or in the future regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to the Deposit Account No. 502635 of DUCKOR SPRADLING METZGER & WYNNE. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to the Deposit Account No. 502635 of DUCKOR SPRADLING METZGER & WYNNE. If any charges or fees must be paid in connection with the foregoing, concurrent or future communication (including, but not limited to, the payment of an extension fee or issue fees), or if any overpayment is to be refunded in connection with the above-identified application, any such charges or fees, or any such overpayment may be respectfully paid out of, or into, the Deposit Account No. 502635 of DUCKOR SPRADLING METZGER & WYNNE. If any such payment also requires a petition or extension request, please construe this authorization to pay as the necessary petition or request, which is required to accompany the payment.

Please direct all correspondence to the undersigned attorney at the address indicated below.

Respectfully submitted,

Date: April 21, 2009

By: 

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